

**COUNTY OF SAN DIEGO  
DEPARTMENT OF PUBLIC WORKS  
5201-D RUFFIN ROAD  
SAN DIEGO, CA 92123**

TM (TPM) No. \_\_\_\_\_

**TO:** Subdivision and Permit Inspection, MS 382

**FROM:**

\_\_\_\_\_  
Surveyor's or Engineer's Name

\_\_\_\_\_  
Requestor's Name and phone no.

\_\_\_\_\_  
Firm's Name

\_\_\_\_\_  
Firm's Address

\_\_\_\_\_  
Firm's phone number

**REQUEST FOR FIELD MONUMENT REVIEW FOR BOND RELEASE**

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I request monuments set in Public Right of Ways and/or Offered and Rejected Streets be reviewed and if required the attached Certificate of Correction be approved and recorded. I hereby state that all monuments are of the character and occupy the positions as indicated on Map (Parcel Map) No. \_\_\_\_\_, County of San Diego Tract (TPM) No. \_\_\_\_\_ or as approved on the attached Certificate of Correction have been set.

\_\_\_\_\_  
Surveyor's or Engineer's signature

\_\_\_\_\_  
License expiration date

SEAL

☐

I request all monuments be reviewed and if required, the attached Certificate of Correction be approved and recorded. I hereby state that all monuments are of the character and occupy the positions as indicated on Map (Parcel Map) No. \_\_\_\_\_, County of San Diego Tract (TPM) No. \_\_\_\_\_ or as approved on the attached Certificate of Correction have been set.

\_\_\_\_\_  
Surveyor's or Engineer's signature

\_\_\_\_\_  
License expiration date

SEAL

IT IS THE SURVEYOR'S / ENGINEER'S RESPONSIBILITY THAT MONUMENTS REQUESTED TO BE INSPECTED BE FLAGGED, UNCOVERED, AND / OR MARKED PRIOR TO THE FIELD SURVEYS MONUMENT CHECK. THE SURVEYOR / ENGINEER SHOULD FLAG THE MONUMENTS JUST PRIOR TO THE FIELD REVIEW BY THE FIELD SURVEY SECTION.

**PARTIAL CHECKS**

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Partial Check – Area outlined on attached prints

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Final Partial Check – Area outlined on attached prints

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Re-Check – letter attached describing corrective action

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We request a joint field check, therefore \_\_\_\_\_ will meet County personnel. Enclose two (2) full copies of the final map, Certificate of Correction if required and this request.